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Ryan White CARE Act Must Be Reformed

Commentary by Sen. Bill Hardiman, R-Kentwood:

America is in the midst of a health care crisis. It is a crisis that concerns some of its most vulnerable citizens, those living with HIV/AIDS. Even today this remains a disease that even today is surrounded by ignorance and intolerance. I am speaking of the tragic deficiencies in the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.

The act is the pivotal national program in our HIV/AIDS treatment strategy. It was named after the teenager who taught us that HIV/AIDS is indeed everyone's problem, that it is a disease that can afflict anyone.

Ryan White's life was blighted by prejudice and cut cruelly short at the age of 18. But Ryan remained brave to the end, confident in the knowledge that education was the best weapon against HIV/AIDS. When Ryan died in 1990, Congress recognized his efforts and those of many others with the passage of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. This act was reauthorized and amended in 1996 and in 2000. As I write, the CARE Act stands before Congress again.

The new faces of AIDS are primarily African Americans, Latinos and other minorities. It is for this reason that the National Minority Health Month Foundation has taken the lead in the campaign to convince Congress to modernize the CARE Act in light of this new reality.

According to 2004 statistics from the Centers for Disease Control, minorities now make up almost three-quarters of new AIDS cases in the United States. Of these new cases 48 percent are African Americans and 21 percent are Latinos. As the AIDS rate continues to rise among women, it hits minority women especially hard. In 2004, 67 percent of new female AIDS patients were African American women and 15 percent were Latinas. HIV/AIDS is now the leading causing of death for African American women between 25 and 34 and the third leading cause of death for all African Americans in that age group.

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This is a national crisis, but it is also a Michigan crisis. Here, a shocking 62 percent of those newly diagnosed with AIDS are African American. And yet African Americans, particularly those in smaller urban regions, such as the Grand Rapids region I represent, are either not getting the life-saving medications they need, or not getting them fast enough.

These inequalities are due to the continued focus of the CARE Act on the traditional sources of AIDS: the biggest cities and states such as California and Texas. These inequalities are particularly acute with regard to enrollments caps imposed on the state-administered AIDS Drug Assistance Program (ADAP), which is funded by Title II of the CARE Act.

This is a fairness issue, and it is a civil rights issue. As a legislator and one who has been intimately involved in and concerned with state health care management, this issue is close to my heart. It is an issue that should be of critical importance to Michigan's legislators in Congress, especially Rep. John Dingell, who has displayed a commitment to civil rights.

It is in the spirit of this continuing struggle for equality that I have introduced a resolution in the state Legislature calling on Washington to not only reauthorize the Ryan White CARE Act, but make it better. In his State of the Union Address, President Bush also called for the Ryan White Act to be updated. The Congress can and must make this measure fairer and more equitable. The CARE Act is critical to the future health of our state and our nation.

Bill Hardiman represents District 29 in the Michigan State Senate.